**CHOP 0225** 

## DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:	CHOP 0225	
First Named Inventor:	KO, Frank	
COMP	PLETE IF KNOWN	
Application Number:	To Be Assigned	
Filing Date:	Herewith	
Art Unit:	To Be Assigned	
Examiner Name:	Not Yet Known	

Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Supplemental Declaration (37 CFR 1.67)

I hereby declare that:
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
GENE AND CELL DELIVERY SELF EXPANDING POLYMER STENTS
(Title of the Invention)
the specification of which
is attached hereto
OR
was filed on (MM/DD/YYYY) April 16, 2004 as United States Application or PCT International Application Number
PCT/US2004/011794 and was amended on (MM/DD/YYYY) (if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? No

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:  Practitioners at Customer Nur  OR  Practitioner(s) named below:	nber				
Tracadorici(3) named below.					
Name			Regi	stration Number	
as my/our attorney(s) or agent(s) to pros Patent and Trademark Office connected the		dentified above, and	to transact	all business in the United States	
5					
Direct all correspondence to:	ractitioners Customer N	lumber listed above;	OR		
⊠ co	orrespondence Address	Below			
Name: Jennifer E. Langenberger, Int	ellectual Property Spec	ialist			
Address: The Children's Hospital of Philadelphia, The Jôseph E. Stokes, Jr. Research Institute, Abramson Pediatric Research Center, Room 807, Department of Technology Transfer, 3615 Civic Center Boulevard					
City: Philadelphia Sta	State: PA		Zip: 19	p: 19104	
Country: U.S.A. Tel	elephone: 215-590-5645		Fax: 21	Fax: 215-590-5485	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.					
		een filed fo	this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname			
ко			FRANK		
Inventor's Signature				Date:	
Residence: City: PHILADELPHIA	State: PA	Country: U.S.A.		Citizenship: U.S.A.	
Mailing Address: 5144 CASTER AVENUE					
Mailing Address:					
City: PHILADELPHIA	State: PA	Zip: 19124	Cou	intry: U.S.A.	
Additional inventors are listed on the next page.					

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname			
ROBERT J.	ROBERT J.		LEVY		
Inventor's Signature		Date:			
Residence: City: MERION STATION	State: PA	Country: U.S.A.	Citizenship: U:S.A.		
Mailing Address: 440 MERION ROAD		^			
Mailing Address:					
City: MERION STATION	State: PA	Zip: 19066	Country: U.S.A.		
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname			
IVAN			ALFERIEV		
Inventor's Signature			Date:		
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Mailing Address:		K)			
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Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.			
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ILIA		FISHBEIN			
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Residence: City: PHILADELPHIA	State: PA	Country: 19116	Citizenship: IL		
Mailing Address: 450 BYBERRY ROAD #T-21					
Mailing Address:					
City: PHILADELPHIA	State: PA	Zip: 19116	Country: U.S.A.		
Additional inventors are listed on Supplemental Sheet(s).					